		ive Octob										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
OTAL CLAIMS						1	RATE	FEE		RATE	FEE	ĺ
OR		NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	355:00	OR	BASIC FEE	710.00	
OTAL CHARGEA	BLE CLAIMS	2 Phin	us 20=	•			X\$ 9=		OR	X\$18=	•••	l
IDÉPENDENT CL	minus 3 =					X40=		OR	X80=			
IULTIPLE DEPEN	DENT CLAIM P	RESENT					+135≈		OR	+270=		
If the difference	in j column 1 is	less than ze	ero, ente	r "0" in c	olumn 2		TOTAL		OR	TOTAL	710	
3/8	AMS AS A	MENDED	- P AR	TII				L	10	OTHER		
01	(Column 1)		(Colu	mn 2)	(Column 3)		SMALL		OR	SMALL	ENTITY	
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL I FEE		RATE -	ADDI- TIONAL FEE -	
Total	. 34	Minus		36	E		X\$ 9=		ÖR	X\$18=		ij: • • <u>=</u>
Independent	a	Minus	•••	3	Ξ.		X40=	7	OR	X80=		 :
FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM			+135=	1	OR	+270=	1,00 km1	
DN,	. ·						TOTAL		1	TOTAL ADDIT. FEE		1
1/5/05	(Column 1)		(Coli:	mn 2)	(Column 3)		ADDIT. FEE	-	J .	AUUII. PEE		1
	CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- FIONAL	•	RATE	ADDI- TIONAL	
Total Independent	. 36	Minus	2	6	=		X\$ 9=		OR	X\$18=	7	ii
Independent	. 2	Minus [.]	•••	3	-		X40=	11.0	OR	X80=	1) :::::::
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						•	+135=	11 1/2	S) OR	+270=	1000	11.115
					•		YOYAL ADDIT, FEE	.i	OR	TOTAL ADDIT. FEE		1
•	(Column 1)			ımn 2)	(Column 3)	· ·	_		_		· · . :.	j
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	• .	Minus	1		=		X\$ 9=	11	OR	X\$18=	7	; ; ;
Independent	•	Minus	•••	·	=		X40=		OR	X80=		Háinu
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM:							.125-	-45 F	1:51	+270=	on ora	T ALTHE
' if the entry in colu	mn 1 is less than	the entry in col	umn 2, wi	te °0° in o	otumn 3.		+135=	-	OR	TOTAL		-
the Highest Number of	mhar Provincely F	raid For IN TH	IIS SPACE	. IS 1633 TV	en 20, enter 20.	٠.	ADDIT, FEE	ب ــــا	104	ADDIT. FEE		4

Application or Docket Nymber